

## **Retail Food Establishment Inspection Report**

Floyd County Health Department Telephone:812-948-4726

x660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

Establishment Name  Puerfo Vallaria  Establishment Address (number and street, city, state, zip code)  4214 Charles Ria New Albert, 12 47157  Owner  Merfin Burnal  Owner's Address  Person in Charge  Carlos Lope Z  Responsible Person's E-mail  Certified Food Manager  Carlos Lope Z  Certified							OLUMNS A	Purpose: Follow-up 3. Complaint 4. Pre-Operational 5. Temporary 6. HACCP 7. Other (list)		Date of Inspection (mm/dd/yr)  5/12/Zo  Follow-up Releas  // O  Summary of Violation  C NC NC  Menu Type (See back  1 2 3		days  D days  R  Of page)
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"												
Section#	C/NC	R	R Narrative				rative			To Be Co	orrected By	
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Received by (name and title printed)  Received by (signature):						Inspected by (na	A.). :	printed):	(EHS)			
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